

# RETURN TO ATHLETIC OFFICE

**EMERGENCY-MEDICAL  
INFORMATION FORM**

LAKE ZURICH HIGH SCHOOL  
Lake Zurich, Illinois

the Class Of: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Gender: M F (circle) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name      First Name Middle      Initial

Sports? Please list: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Home address: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Street      zip

Father's name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell/pager #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell/pager #: \_\_\_\_\_

List a local adult who will assume responsibility for the student if parent cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Day telephone: \_\_\_\_\_

Street      zip

Cell/pager #: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Orthopedist: \_\_\_\_\_ Telephone: \_\_\_\_\_

In case my child needs emergency health care due to a sudden potentially serious illness or injury at school and it is impossible to contact me, I hereby give Lake Zurich High School personnel my permission to arrange for or provide such care as is deemed necessary. I further authorize the Lake Zurich High School athletic trainer/nurse to provide routine care for less serious injuries as directed by the team physicians or other physician consulted by us. We/I agree to waive and relinquish all claims we/I may have as a result of our son/daughter's participation in this program against Lake Zurich Community Unit District 95 and its officers, agents/servants and employees.

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

**HISTORY**

Illness	Year	Explain	Illness	Year	Explain	Illness	Year	Explain
ADD/ADHD			Diabetes			Heart		
Allergy			Emotional			Orthopedic		
Asthma			Gastrointestinal			Seizures		
Concussions			Glasses/ Contacts			Strep Infections		
Development Delays			Hearing Loss			Other		

Does your child have any medical issues (*other than above*)? \_\_\_\_\_ Explain: \_\_\_\_\_

Is there any reason that your child should not participate in all physical activities? \_\_\_\_\_ Explain: \_\_\_\_\_

Current Medications: (*Specify type and dosage*) \_\_\_\_\_

**PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION**